State Technical Assistance (TA) and Training Request Form: Substance Abuse and Infectious Disease Cross-Training Initiative

Please complete and submit this form to: Government Project Officer/Marvena Simmonds
Division of State and Community Assistance
Center for Substance Abuse Treatment
Rockwall II, 8th Floor
5600 Fishers Lane
Rockville, MD 20857
Phone: (301) 443-2770
Fax: (301) 443-8345

Section I.

(*To be completed by person requesting TA or training. Please type or print*.)

Date: Name:		
Title:		
Agency:		
Address:		
City:	State:	Zip:
Phone:	Fax:	E-mail:

Approval of:

_____ _____
State Alcohol and Other Drug Abuse Director Date

_____ _____ _____ _____
Public Health Director Date Ryan White Administrator Date

Section II.

Describe the nature of the problem requiring technical assistance (TA) or training. Specify short- and long-term goals to be addressed and state whether this is part of the approved State TA plan. If not, explain why it is needed and what other TA activity may potentially be postponed.

_____

_____

Section III.

Provide a brief overview of the reason for the request.

_____

_____

Discuss how the technical assistance will help initiate a capacity building process in the State.

_____

_____

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Section III. Continued

Describe the type of TA, Training Of Trainer (TOT), or training you are requesting. Describe what the State will supply or pay for (i.e., the facility, refreshments, speakers.) (*Please check the appropriate box.*) G Federal G State

G Off-Site: _____

_____

_____

G On-Site (Be as specific as possible about the duration and frequency of the on-site visits requested):

_____

_____

Section IV.

Would the TA or training be provided to a specific treatment program or programs? If so, to what type of program would it be provided (e.g., methadone, detoxification, therapeutic community, public health, community mental health center)?

_____

_____

Section V.

What type of expertise should the TA or training provider possess?

_____

_____

Section VI.

Have you identified a specific consultant as the desired technical assistance or skill-building provider? G No G Yes*

Name: _____

Address: _____

_____ Phone: ( ) _____

*Please submit a copy of the consultant's resume with this request.

Section VII.

What type of follow-up are you planning in order to ensure the successful implementation of the TA or training? Please be specific.

_____

_____

CSAT Use Only

Date TA or training request received: _____ Clearance: _____

Date assigned to contractor: _____ Contractor: _____

Date TA request sent to contractor: _____